

- ☐ New Unit

☐ Weight Increase

☐ Delete Unit

☐ Change of Ownership

☐ Name or Address Change
- ☐ Title Documentation Included

☐ Adding Jurisdiction

☐ Estimate documentation attached

☐ Use DMV Estimate Distance Chart
- (Refer to IRP Manual for filing estimated distance)

STATE OF NEBRASKA

INTERNATIONAL REGISTRATION PLAN

SUPPLEMENTAL APPLICATION

SUPPLEMENT NO. _____

NAME OF REGISTRANT

US DOT NUMBER

LICENSE YEAR

CARRIER/FLEET NUMBER

ADDRESS

FEDERAL IDENTIFICATION NUMBER / SOCIAL SECURITY NUMBER

SALES TAX EXEMPTION NUMBER

PERSON TO CONTACT REGARDING APPLICATION

TELEPHONE NO.
()

DECLARED JURISDICTIONAL WEIGHTS — List the Operating Weight for each jurisdiction for which registration is requested.

AB	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA	IA
ID	IL	IN	KS	KY	LA	MA	MB	MD	ME	MI	MN	MO
MS	MT	NB	NC	ND	NEBRASKA	NH	NJ	NL	NM	NS	NV	NY
OH	OK	ON	OR	PA	PE	QC	RI	SC	SD	SK	TN	TX
UT	VA	VT	WA	WI	WV	WY						

ADDITIONS

	EQUIP. NUMBER	MODEL YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	T Y P E	B U S H P	A X L E S	S E A T S	** F U E L	NEBRASKA COMB. GROSS WEIGHT	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR	TITLE NUMBER	PURCHASE PRICE	DATE OF PURCHASE	MONTH CHARGED (Office Use Only)
Fill out for the above vehicle (Power Units Only)											***US DOT NUMBER	****SSN / EIN		*****VEHICLE SAFETY RESPONSIBILITY WILL CHANGE DURING THE YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Fill out for the above vehicle (Power Units Only)											***US DOT NUMBER	****SSN / EIN		*****VEHICLE SAFETY RESPONSIBILITY WILL CHANGE DURING THE YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Fill out for the above vehicle (Power Units Only)											***US DOT NUMBER	****SSN / EIN		*****VEHICLE SAFETY RESPONSIBILITY WILL CHANGE DURING THE YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				

DELETIONS

	ORI. OR SUPP. NO.	APPORTIONED LICENSE PLATE NUMBER	DELETED EQUIPMENT NUMBER	Y E A R	MAKE	VEHICLE IDENTIFICATION NUMBER	LICENSED WEIGHT	ADDED EQUIPMENT NUMBER	REASON REMOVED	TT – TRUCK-TRACTOR TR – TRACTOR	*TYPE TK – TRUCK (SINGLE) ST – SEMI-TRAILER	FT – FULL-TRAILER BS – BUS	**FUEL D – DIESEL G – GASOLINE P – PROPANE	
SIGNATURE VERIFIES THAT INFORMATION IS CORRECT AND THAT VEHICLE LIABILITY SECURITY IS MAINTAINED										DATE		OFFICE USE ONLY		***US DOT Number assigned to vehicle ****EIN or SSN assigned to vehicle *****Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year by lease? Circle yes or no.
												Postmark Date _____		
												Tire Tax or Sales Tax Paid _____		
												Title Fee _____ Lien Fee _____ Lost Cab Card _____		